

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004386

FILED
Jan 06, 2010
Secretary of State

Entity Name: LAKE-SUMTER EMERGENCY MEDICAL SERVICES, INC.

Current Principal Place of Business:

2761 W OLD HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2761 W OLD HWY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3662117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINKOFF, SANDY ATT
2761 W OLD HWY 441
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

MINKOFF, SANDY ATT
315 W MAIN ST
TAVARES, FL 32778 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: CADWELL, WELTON G
Address: 315 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

Title: MR
Name: HOFFMAN, RICHARD
Address: 8033 EAST CR 466, SUITE #100
City-St-Zip: LADY LAKE, FL 32162

Title: MR
Name: KELLY, NEIL
Address: 550 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

Title: MR
Name: SHUMAKER, CECIL
Address: 1314 HOWARD RD
City-St-Zip: LEESBURG, FL 34748

Title: MR
Name: MATTISON, KEN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: MR
Name: WOLF, ED
Address: 100 NORTH MAINT STREET
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN SONN

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01/06/2010

Electronic Signature of Signing Officer or Director

Date